Schedule E)	PAGE 1 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
	C 000404207
Check if 24-hour report 48-hour report New report Amends report filed	d on
Full Name of Payee	Date of Public Distribution/Dissemination
AFSCME for Michigan	09 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1625 L Street, NW	Amount
City State Zip Code	172.87
Washington DC 20036	Transaction ID : D540147 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	09 / 20 / Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
TERRI LYNN LAND Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For:
Full Name of Payee AFSCME for Michigan	Date of Public Distribution/Dissemination
Mailing Address 1625 I Street NW	09 20 2014
Mailing Address 1625 L Street, NW	Amount
City State Zip Code	264.17
Washington DC 20036	Transaction ID: D540148 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	09 / 20 / Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District:
Gary Peters Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	437.04
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	09 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	ENT EXILE	DITORILO	PAGE 2 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee AFSCME for Michigan			Date of Public Distribution/Dissemination
Mailing Address 1625 L Street, NW			09 20 2014 Amount
City	State	Zin Codo	293.09
Washington	DC	Zip Code 20036	Transaction ID : D540153 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	.,,	11472.92	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee AFSCME for Michigan			Date of Public Distribution/Dissemination
Mailing Address 1625 L Street, NW			09 20 2014 Amount
City Washington	State DC	Zip Code 20036	Transaction ID : D540154
Purpose of Expenditure InKind Staff		Category/ Type 001	Date of Disbursement or Obligation 09 20 2014
Name of Federal Candidate		Support	Office Sought: House District:
Gary Peters		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		17165.78	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		. ▶ 586.18
(b) SUBTOTAL of Unitemized Independent Expe	enditures		
			7 7
(c) TOTAL Independent Expenditures			>
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electr	onically Filed] Date	09 22 2014
Signature			

Schedule E)	PAGE 3 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
NCFO/SEIÙ 32BJ	09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1212 Bath Ave Floor F&O	Amount
City State Zip Code	37.22
Ashland KY 41101-2696	Transaction ID : D540155 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 / 20 / Y 2014
Name of Federal Candidate Support Offi	ce Sought: House District: 00
MITCH MCCONNELL Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought Disl 22125.00	bursement For: Primary General 4 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
NCFO/SEIU 32BJ	09 20 2014
Mailing Address 1212 Bath Ave	
Floor F&O	Amount
City State Zip Code	37.22
Ashland KY 41101-2696	Transaction ID : D540156 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 / 20 / 2014
Name of Federal Candidate Support Offi	ice Sought: House District: 00
ALISON LUNDERGAN GRIMES Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary General Other (specify)
	
(a) SUBTOTAL of Itemized Independent Expenditures	74.44
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	09 22 2014
Signature	

Schedule E)	ENDENT EXTEND	TTOTILO	PAGE 4 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour re	eport New rep	oort Amends repo	rt filed on
Full Name of Payee UFCW Int'l Union Working F	amilies Advocacy	Project	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1775 K Street, NW			Amount
City	State	Zip Code	140.80
Washington	DC	20006-1598	Transaction ID : D540158 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 20 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District:
Gary Peters		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		17165.78	Disbursement For:
Full Name of Payee UFCW Int'l Union Working Far	milies Advocacy Pro	oject	Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			Amount
City	State	Zip Code	115.24
Washington	DC	20006-1598	Transaction ID : D540161 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
TERRI LYNN LAND		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, , ,	11472.92	Disbursement For: Primary General 2014 General
(a) SUBTOTAL of Itemized Independent E	xpenditures		256.04
(b) SUBTOTAL of Unitemized Independen	t Expenditures		·
(c) TOTAL Independent Expenditures			•
	ny candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	09 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	INDENT EXTEND	II OILO	PAGE 5 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour re	port New rep	port Amends repo	rt filed on
Full Name of Payee UFCW Int'l Union Working Fa	amilies Advocacy	Project	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			09 20 2014 Amount
City	State	Zip Code	265.68
Washington	DC	20006-1598	Transaction ID : D540163 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09
Name of Federal Candidate		Support	Office Sought: House District: 00
ALISON LUNDERGAN GRIMES		Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		22125.00	Disbursement For:
Full Name of Payee UFCW Int'l Union Working Fan	nilies Advocacy Pro	oject	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			09 20 2014 Amount
City	State	Zip Code	265.68
Washington	DC	20006-1598	Transaction ID : D540167 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
MITCH MCCONNELL		Oppose	President State: KY
Calendar Year-To-Date Per Election for Office Sought	7	22125.00	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent E	xpenditures		531.36
(b) SUBTOTAL of Unitemized Independent	Expenditures		>
(c) TOTAL Independent Expenditures			•
	y candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	09 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	WI EXI EN	ON ONES	PAGE 6 OF 18 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	•
Workers' Voice			C C00484287	
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on M M / D D / Y Y Y Y	Y
Full Name of Payee AFT Solidarity 527			Date of Public Distribution/Dissemination	
Mailing Address 555 New Jersey Ave. N.W.			09 20 2014 Amount	_
Oih.	Ctata	Zin Code	45.05	
City Washington	State DC	Zip Code 20001	15.05 Transaction ID : D540170 Date of Disbursement or Obligation	_
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 20 / 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	
TERRI LYNN LAND		X Oppose	President Senate State: MI	_
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	11472.92	Disbursement For: Primary ⊠ Gener 2014 Other (specify) ▶	al —
Full Name of Payee			Date of Public Distribution/Dissemination	
AFT Solidarity 527			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Υ
Mailing Address 555 New Jersey Ave. N.W.			Amount	
City	State	Zip Code	15.05	
Washington	DC	20001	Transaction ID : D540174 Date of Disbursement or Obligation	
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 20 / Y 2014	Υ
Name of Federal Candidate		X Support	Office Sought: House District:	
Gary Peters		Oppose	President Senate State: MI	_
Calendar Year-To-Date Per Election for Office Sought	7	17165.78	Disbursement For: Primary Gener 2014 Gener Other (specify) ▶	al
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		30.10	
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		>	7
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorize			
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	9 09 22 2014	
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Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
	<u> </u>
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination
	09 20 7 2014
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	35.27
Washington DC 20006	Transaction ID : D540177 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets Category/ Type 004	09 / 20 / 2014
Name of Federal Candidate Support Office	e Sought: House District:00
MITCH MCCONNELL Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought Disbut 22125.00 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
AFL-CIO	09 / 20 / 2014
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	30.87
Washington DC 20006	Transaction ID : D540182 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets Category/ Type 004	09 / 20 / 2014
Name of Federal Candidate Support Office	e Sought: House District:
Gary Peters Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	66.14
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mouth, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
Ms. Elizabeth H Shuler [Electronically Filed] Date	09 22 / 2014
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Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination
	09 / 20 / 2014
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	25.50
Washington DC 20006	Transaction ID : D540187 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets Category/ Type 004	09 20 7 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
TERRI LYNN LAND Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
AFL-CIO	09 20 2014
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	35.27
Washington DC 20006	Transaction ID : D540193 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets Category/ Type 004	09 / 20 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
ALISON LUNDERGAN GRIMES Oppose	President State: KY
Calendar Year-To-Date Per Election for Office Sought Disb 22125.00	ursement For: Primary X General 4 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	60.77
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	09 22 2014
Signature	

Schedule E)	LI LIIDLIII LAI LIIDI			PAGE 9 OF 18 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼		
Workers' Voice			C	C00484287		
Check if 24-hour report X 48-ho	our report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y		
Full Name of Payee			Date of Pub	lic Distribution/Dissemination		
Voices of the American F	ederation of Governm	nent Employees		20 / 2014		
Mailing Address 80 F Street, NW			Amount			
City	State	Zip Code		45.40		
Washington	DC	20001		ID: D540207 pursement or Obligation		
Purpose of Expenditure InKind Staff		Category/ Type 001	M 09	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
MITCH MCCONNELL		X Oppose	President	Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought		22125.00	Disbursement For: 2014 Other (s	Primary ⊠ General		
Full Name of Payee	denotion of Covernmen	t Employage	Date of Pub	olic Distribution/Dissemination		
Voices of the American Fed	deration of Governmen	t Employees	M M M	20 / 2014		
Mailing Address 80 F Street, NW			Amount			
			Amount			
City	State	Zip Code		45.40		
Washington	DC	20001		Transaction ID : D540213 Date of Disbursement or Obligation		
Purpose of Expenditure InKind Staff		Category/ Type 001	M 09			
Name of Federal Candidate		X Support	Office Sought:	House District:00		
ALISON LUNDERGAN GRIMES		Oppose	President	Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought		22125.00	Disbursement For: 2014 Other (s	Primary		
(a) SUBTOTAL of Itemized Independent	ent Expenditures		•	90.80		
(b) SUBTOTAL of Unitemized Indepen	ndent Expenditures		· •			
(c) TOTAL Independent Expenditures			·	7		
Under penalty of perjury I certify that with, or at the request or suggestion of party committee) any political party co	of, any candidate or authorized					
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	9 09 22	2014		
Signature						

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Ame	ends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
AFSCME Indiana-Kentucy Organizing Committee 962 Gene	eral Fund 09 / 20 / 2014
Mailing Address 1424 N. Pennsylvania Street	Amount
City State Zip Code	195.05
Indianapolis IN 46202	Transaction ID : D540217 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type	001 09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
MITCH MCCONNELL 🔀 o	Oppose President X Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 22125.00	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Page	
Full Name of Payee AFSCME Indiana-Kentucy Organizing Committee 962 Gene	W - W / B - B / I - I - I - I
Mailing Address 1424 N. Pennsylvania Street	09 20 2014 Amount
City State Zip Code	195.05
Indianapolis IN 46202	Transaction ID : D540218 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type	001
Name of Federal Candidate	Support Office Sought: House District: 00
ALICON LUNDEDCAN COMEC	Oppose President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 22125.00	Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	390.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee o party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed]	Date 09 22 2014
Signature	50 EL 2017

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Scl	hedule E)	JEITI EXI EN	31101120		PAGE 11 OF 18 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	orkers' Voice				C C00484287
Che	ck if 24-hour report X 48-hour report	t New re	port Amends repo		M / D D / Y B Y B Y B Y
	Full Name of Payee Retail, Wholesale and Departm	ent Store Unic	on	М	f Public Distribution/Dissemination
	Mailing Address 30 E29th St.			Amour	09 20 2014 nt
ŀ	City	State	Zip Code		64.32
	New York	NY	10016		action ID : D540220 f Disbursement or Obligation
	Purpose of Expenditure InKind Staff		Category/ Type 001	М	09 / 20 / 2014
ı	Name of Federal Candidate		X Support	Office Sought	: House District:
ļ	Gary Peters		Oppose	Preside	nt Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought		17165.78	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
	Full Name of Payee Michigan State AFL-CIO General Mailing Address 419 Washington Square, S			M	of Public Distribution/Dissemination 9 20 2014
ŀ	City	State	Zip Code		30.23
	Lansing	MI	48933		ction ID : D540228 of Disbursement or Obligation
	Purpose of Expenditure InKind Staff		Category/ Type 001	M	09 / 20 / Y Y Y Y
ľ	Name of Federal Candidate		Support	Office Sough	t: House District: 00
L	TERRI LYNN LAND		Oppose	Preside	ent Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought		11472.92	Disbursement 2014 Of	t For: Primary
(6	a) SUBTOTAL of Itemized Independent Exper	nditures			94.55
(1	b) SUBTOTAL of Unitemized Independent Ex	penditures		•	7
(0	c) TOTAL Independent Expenditures			•	7
W	Inder penalty of perjury I certify that the inde vith, or at the request or suggestion of, any carty committee) any political party committee	andidate or authorize			
	Ms. Elizabeth H Shuler	[Electro	onically Filed] Date	09	22 2014
	Signature				

Schedule E)	TI EXI EITE			PAGE 12 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on	M / D D / Y T Y T Y
Full Name of Payee Michigan State AFL-CIO General	 Fund		M	f Public Distribution/Dissemination
Mailing Address 419 Washington Square, S. #200			Amoun	09 20 2014 t
City	State	Zip Code		30.23
Lansing	MI	48933		iction ID: D540229 f Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:
Gary Peters		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		17165.78	Disbursement 2014 Ot	For: Primary X General
Full Name of Payee			Date o	f Public Distribution/Dissemination
Mosaic				09 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place			Amour	
City	State	Zip Code		90.00
Cheverly	MD	20781		ction ID : D540240 f Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	M	09 20 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
MITCH MCCONNELL		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7-1-7	22125.00	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. •	120.23
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorize			
Ms. Elizabeth H Shuler	[Electro	nically Filed] Date	e 09	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Mailing Address 4801 Viewpoint Place City State Zip Code Cheverly MD 20781 Transaction ID: D540241	UMBER ▼		
Check if 24-hour report			
Check if24-hour report			
Mosaic Mailing Address 4801 Viewpoint Place City State Zip Code Cheverly MD 20781 Transaction ID: D540241	Y Y Y Y		
Mailing Address 4801 Viewpoint Place City State Zip Code Cheverly MD 20781 Transaction ID: D540241	mination		
City State Zip Code Cheverly MD 20781 Transaction ID : D540241	2014		
Cheverly MD 20781 Transaction ID : D540241			
•	90.00		
Date of Disbursement or Obliga	tion		
Purpose of Expenditure Fliers Category/ Type 004 09 20	2014		
Name of Federal Candidate Support Office Sought: House Distri	ct:00		
ALISON LUNDERGAN GRIMES Oppose President Sta	e: KY		
Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary 2014 Other (specify) ▶	✓ General		
Full Name of Payee Date of Public Distribution/Disse	emination		
United Steelworkers of America Political Action Fund	2014		
Mailing Address Political Action Fund Voluntary Ac Amount			
5 Gateway Center			
City State Zip Code	318.37		
Pittsburgh PA 15222 Transaction ID : D540249 Purpose of Expenditure Catagory/			
Inkind Staff Travel Category/ Type O02 O9 O9 O9 O9 O9 OO2 OO2 OO2	2014		
Name of Federal Candidate Support Office Sought: House Distri	ct: <u>00</u>		
MITCH MCCONNELL Oppose President Sta	_		
Calendar Year-To-Date Per Election for Office Sought 22125.00 Disbursement For: □ Primary 2014 Other (specify) ▶	≺ General		
(a) SUBTOTAL of Itemized Independent Expenditures	08.37		
	-		
(b) SUBTOTAL of Unitemized Independent Expenditures	450		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Elizabeth H Shuler [Electronically Filed] Date 09 22 2014 Signature			

Schedule E)	PAGE 14 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee United Steelworkers of America Political Action Fund	Date of Public Distribution/Dissemination
Mailing Address Political Action Fund Voluntary Ac	09 20 2014 Amount
5 Gateway Center	1407.70
City State Zip Code Pittsburgh PA 15222	1427.72 Transaction ID : D540251 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 / 20 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
MITCH MCCONNELL Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought Disbut 22125.00 2014	orsement For: Primary
Full Name of Payee United Steelworkers of America Political Action Fund Mailing Address Political Action Fund Voluntary Ac	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5 Gateway Center	
City State Zip Code Pittsburgh PA 15222	194.07 Transaction ID : D540258 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	09 / D D / Y Y Y Y Y Y Z014
Name of Federal Candidate Support Office	e Sought: House District:
Gary Peters Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbute 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	1621.79
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
[Electronically Filed] Date C	9 22 2014
Signature	

Schedule E)		PAGE 15 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee United Steelworkers of America Political Action Fund		te of Public Distribution/Dissemination
Mailing Address Political Action Fund Voluntary Ac 5 Gateway Center	Am	09 20 2014 nount
City State Zip Code		256.39
Pittsburgh PA 15222	Tra	Insaction ID : D540259 te of Disbursement or Obligation
Purpose of Expenditure InKind Staff Catego Ty		09 20 7 2014
Name of Federal Candidate	Support Office Sou	ıght: House District:
Gary Peters	-	sident State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursem 2014	nent For:
Full Name of Payee United Steelworkers of America Political Action Fund Mailing Address Political Action Fund Voluntary Ac		te of Public Distribution/Dissemination M 09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5 Gateway Center		256 20
City State Zip Cod Pittsburgh PA 15222	Tran	256.39 saction ID : D540270 te of Disbursement or Obligation
Purpose of Expenditure InKind Staff Catego		09 / 20 / 2014
Name of Federal Candidate	Support Office Sou	ught: House District: 00
TERRI LYNN LAND	C Oppose Pres	sident Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	······	512.78
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronically File	ed] Date 09	/ D D / Y Y Y Y Y Y Z Y Z 2014
Signature		

Schedule E)	PAGE 16 OF 18 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Workers' Voice	C C00484287		
Check if 24-hour report			
United Steelworkers of America Political Action Fund	of Public Distribution/Dissemination		
Mailing Address Political Action Fund Voluntary Ac Amour	09 20 2014 nt		
5 Gateway Center	0400		
· ······· · · · · · · · · · · · · · ·	24.26 action ID : D540271 of Disbursement or Obligation		
Purpose of Expenditure Category/	09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Office Sought	t: House District: 00		
TERRI LYNN LAND TERRI LYNN LAND Oppose Preside	MI		
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Ot	t For: Primary ⊠ General ther (specify) ▶		
United Steelworkers of America Political Action Fund	of Public Distribution/Dissemination		
Mailing Address Political Action Fund Voluntary Ac	09 20 2014 nt		
5 Gateway Center			
	1427.72 ction ID : D540272		
Purpose of Expenditure Category/ Category/	of Disbursement or Obligation 09 20 2014		
Name of Federal Candidate Support Office Sought	t: House District: 00		
ALISON LUNDERGAN GRIMES Oppose Preside			
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Office Sought	t For: Primary		
(a) SUBTOTAL of Itemized Independent Expenditures	1451.98		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Elizabeth H Shuler [Electronically Filed] Date	22 / 2014		

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	ı	FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report A	mends report filed on	M / D = D / Y = Y = Y
Full Name of Payee	Date of	Public Distribution/Dissemination
United Steelworkers of America Political Action Fund		09 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Political Action Fund Voluntary Ac		t
5 Gateway Center		040.07
City State Zip Code Pittsburgh PA 15222		318.37 ction ID: D540273 Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category. Type		09 20 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
ALISON LUNDERGAN GRIMES	Oppose Presider	
Calendar Year-To-Date Per Election for Office Sought 22125.00	Disbursement 2014	For: Primary ⊠ General
Full Name of Payee	<u> </u>	f Public Distribution/Dissemination
COMMITTEE ON LETTER CARRIERS POLITICAL EDUC	CATION	09 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Indiana Avenue, N.W.	Amoun	
City State Zip Code		538.63
Washington DC 20001		tion ID: D540284 f Disbursement or Obligation
Purpose of Expenditure InKind Staff Category. Type	/ 001	09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought	: House District: 00
ALISON LUNDERGAN GRIMES	Oppose Presider	nt Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 22125.	Disbursement 2014 Ott	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······································	857.00
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7
(c) TOTAL Independent Expenditures	······································	7 7 7
Under penalty of perjury I certify that the independent expenditures reported h with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronically Filed]	Date 09	22 2014
Signature		

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OF

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Schedule E)	PAGE 18 OF 18 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Workers' Voice	C C00484287		
Check if 24-hour report X 48-hour report New report Amends report filed on			
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	e of Public Distribution/Dissemination		
Mailing Address 100 Indiana Avenue, N.W.	ount		
City State Zip Code	538.63		
Washington DC 20001 Trail	nsaction ID : D540290 e of Disbursement or Obligation		
Purpose of Expenditure InKind Staff Category/ Type 001	09 / 09 / 20 / 2014		
Name of Federal Candidate Support Office Sou	ght: House District: 00		
MITCH MCCONNELL	ident State: KY		
Calendar Year-To-Date Per Election for Office Sought Disburseme 22125.00 Disburseme 2014	ent For:		
Full Name of Payee Date	te of Public Distribution/Dissemination		
Mailing Address Ame	ount		
City State Zip Code	, ,		
Purpose of Expenditure Category/ Type Date	te of Disbursement or Obligation		
Name of Federal Candidate Support Office Sou Oppose Pres	ght: House District:		
Calendar Year-To-Date Per Election for Office Sought Disbursem			
(a) SUBTOTAL of Itemized Independent Expenditures	538.63		
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4		
(c) TOTAL Independent Expenditures	8128.30		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Elizabeth H Shuler [Electronically Filed] Date	22 / 2014		